

# "On The Wilder Side" Registration Form 2010

Circle one:

Session I: July 5 – 9

Session II: July 12 – 16

Session III: July 19 – 23

Session IV: July 26 – 30

Session V: August 2 - 6

Cost: \$200.00 (city resident)

\$225.00 (non-city resident)

Make Ck. Payable to: Next Level Adventures

## Participant Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Current  
School: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email : \_\_\_\_\_



## Springfield Department of Parks, Buildings & Recreation Management & Next Level Adventures

Recreation Office Telephone

787-6435

Next Level Adventures Telephone

530-1301

### Ethnicity:

Circle One

White/Caucasian (Non Hispanic)

Hispanic/Latino

African American

African American & Hispanic

Caucasian & Hispanic

Asian

Other: \_\_\_\_\_

Home Language: \_\_\_\_\_

Family Size: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Participant Pick Up Information

Please list all people who are able to pick up student  
(18yrs or older)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participants will not be released to any individual not  
listed on this form. Please notify program staff in  
writing, of changes in pick up information.**

**Medical Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send in copy of latest physical. (Must be  
within one year of dates attending program)**



### How did you find out about program?

\_\_\_ Website \_\_\_ Flyer \_\_\_ Friend

\_\_\_ Past \_\_\_ Newspaper \_\_\_ Other  
Participant

### Permission Form

#### Parent/Guardian Permission:

My child has permission to participate in activities provided by agencies participating in the Enrichment Program. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards arising out of my or my child's participation in this program, and I agree to release, indemnify and hold harmless the City of Springfield, its officers, officials, agents and employees, from any and all claims, demands, losses or liability, for property damage, personal injury, disability, death, or otherwise, related thereto. I hereby waive and release any claims that arise out of a decision to authorize medical/surgical treatment, and indemnify and hold harmless those agencies or organizations providing activities for this Enrichment program from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ I am aware  
that pictures of my child may be used for publicity  
purposes by one or more agencies and I consent to the  
use of such pictures. YES NO

